

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1	1				52						
3		2		1			53						
4		0		1			54						
5		0		1			55						
6		0		1			56						
7		0		1			57						
8	1		1				58						
9		1		1			59						
10		2		1			60						
11		0		1			61						
12		0		1			62						
13	1		1				63						
14		1		1			64						
15		1		1			65						
16		3		1			66						
17		3		1			67						
18		0		1			68						
19		0		1			69						
20	1		1				70						
21		1		1			71						
22		2		1			72						
23	1		1				73						
24		1		1			74						
25		2		1			75						
26		2		1			76						
27		0		1			77						
28	1		1				78						
29		1		1			79						
30		2		1			80						
31				1			81						
32				1			82						
33				1			83						
34				1			84						
35				1			85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			7				TOTAL IND.						
TOTAL DEP.			28				TOTAL DEP.						
TOTAL CLAIMS			35				TOTAL CLAIMS						

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